Hotspots in Neuro-Oncology

Weller, M

Volume 2 (2012) // Issue 1 // e-ISSN 2224-3453

European Association of NeuroOncology Magazine

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European Association of NeuroOncology Magazine 2012; 2 (1) 57

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Hotspots in Neuro-Oncology

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Peri-Ictal Pseudoprogression in Patients with Brain Tumor

Rheims S, Ricard D, van den Bent M, et al. Neuro Oncol 2011; 13: 775–82.

In the July issue of *Neuro-Oncology*, another chapter was published on the ongoing controversy of pseudoprogression as a confounding factor when monitoring response to therapy: Rheims and colleagues reported on a series of 10 brain tumour patients who experienced pseudoprogression in the context of epileptic seizures. These interesting observations in a small number of patients illustrate the need to carefully assess changes in the MRI scans shortly after epileptic seizures in order to avoid the false diagnosis of progression.

A Small-Molecule IAP Inhibitor Overcomes Resistance to Cytotoxic Therapies in Malignant Gliomas In Vitro and In Vivo.

Ziegler DS, Keating J, Kesari S, et al. Neuro Oncol 2011; 13: 820–9.

The August issue experienced a potential comeback of a cytotoxic therapy approach to malignant glioma that attracted a lot of interest a few years ago, but gained much less attention more recently. Inhibitors of apoptosis proteins (IAP) are among the cellular defence mechanisms to prevent the biochemical cascade of apoptosis involving caspase activation. It has been tried to block cytoprotective IAP function in various cancer models including gliomas, using different agents and delivery approaches. Here, Ziegler and colleagues demonstrate that the systemic treatment with a small-molecule IAP inhibitor is feasible and active, in the apparent absence of significant toxicity.

Infratentorial Craniospinal Irradiation for von Hippel-Lindau: a Retrospective Study Supporting a New Treatment for Patients with CNS Hemangioblastomas

Simone CB, Lonser RR, Ondos J, et al. Neuro Oncol 2011; 13: 1030–6.

Treatment options for patients with von Hippel-Lindau disease with diffuse CNS hemangioblastomas are very limited. This report of 7 patients with 84 hemangioblastomas indicates that infratentorial craniospinal irradiation to 43.2 Gy in 24 fractions offers a potentially reasonable treatment strategy with complete resolution of some lesions and a decrease in the growth rate and surgical interventions compared with historical controls.

Morbidity and Mortality Following Acoustic Neuroma Excision in the United States: Analysis of Racial Disparities During a Decade in the Radiosurgery Era

McClelland S, Guo H, Okuyemi KS. Neuro Oncol 2011; 13: 1252–9.

This article from the November issue is among the most provocative articles published in *Neuro-Oncology* in 2011. In essence, data from a nationwide inpatient sample from 1994–2003 revealed a postoperative mortality rate following acoustic neuroma surgery of 0.5 % and of an adverse discharge disposition of 6.1 %. Patients had a better outcome when they were operated by high-caseload surgeons, had private insurance, and were younger. There was a significant increase of risk of death among African Americans. These data call for reconsiderations of the current patterns of care of acoustic neuromas in the US (and also for similar analyses in other countries throughout the world).

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